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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL  
FORM

(to be used for all correspondence after filing)

Total number of Pages in this submission

Application Number	09/686,004
Filing Date	October 10, 2000
First Named Inventor	Nguyen
Group Art Unit	3731
Examiner Name	U. Ho
Attorney Docket No.	CSI-2013

Assistant Commissioner for Patents  
Washington, D.C. 20231

ENCLOSURES (check all that apply)

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| <input type="checkbox"/> FEE TRANSMITTAL FORM<br><input type="checkbox"/> FEE ATTACHED<br><input type="checkbox"/> AMENDMENT/RESPONSE<br><input type="checkbox"/> AFTER FINAL<br><input type="checkbox"/> AFFIDAVITS' DECLARATION(S)<br><input checked="" type="checkbox"/> EXTENSION OF TIME (2PGS)<br><br><input type="checkbox"/> EXPRESS ABANDONMENT REQUEST<br><br><input type="checkbox"/> INFORMATION DISCLOSURE<br>STATEMENT W/1449<br><br><input type="checkbox"/> CERTIFIED COPY OF PRIORITY<br>DOCUMENT(S)<br><input type="checkbox"/> RESPONSE TO MISSING PARTS/<br>INCOMPLETE APPLICATION<br><input type="checkbox"/> RESPONSE TO MISSING PARTS<br>UNDER 37 CFR 1.52 OR 1.53<br>COPY OF PTO-1533<br><br><input type="checkbox"/> ISSUE FEE TRANSMITTAL<br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> ASSIGNMENT PAPERS<br>(FOR AN APPLICATION)<br><input type="checkbox"/> DRAWING(S)<br><input type="checkbox"/> LICENSING-RELATED<br>PAPERS<br><input type="checkbox"/> PETITION ROUTING SLIP<br>(PTO/SB/60) AND<br>ACCOMPANYING<br>PETITION)<br><input type="checkbox"/> TO CONVERT A<br>PROVISIONAL<br>APPLICATION<br><input type="checkbox"/> POWER OF ATTORNEY,<br>REVOCATION CHANGE OF<br>CORRESPONDENCE ADDRESS<br><input type="checkbox"/> TERMINAL DISCLAIMER<br><br><input type="checkbox"/> SMALL ENTITY STATEMENT<br><input type="checkbox"/> REQUEST FOR REFUND | <input type="checkbox"/> AFTER ALLOWANCE<br>COMMUNICATION TO GROUP<br><input type="checkbox"/> APPEAL COMMUNICATION TO BOARD<br>OF APPEALS AND INTERFERENCES<br><br><input type="checkbox"/> APPEAL COMMUNICATION TO GROUP<br>(APPEAL NOTICE, BRIEF, REPLY BRIEF)<br><br><input type="checkbox"/> PROPRIETARY INFORMATION<br><br><input type="checkbox"/> STATUS LETTER<br><br><input checked="" type="checkbox"/> ADDITIONAL ENCLOSURE(S)<br>(PLEASE IDENTIFY BELOW):<br><input checked="" type="checkbox"/> RESTRICTION RESPONSE (2PGS)<br><input checked="" type="checkbox"/> CHECK \$980<br><input checked="" type="checkbox"/> RETURN POSTCARD |
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REMARKS:

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